


POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM	Application Number	09/544958
	Filing Date	04/07/2000
	First Named Inventor	Robert D. Oexman
	Title	CUSTOMIZED MATTRESS EVALUATION SYSTEM
	Art Unit	2125
	Examiner Name	Kidest Bahta
	Attorney Docket Number	
I hereby revoke all previous powers of attorney given in the above-identified application.		
I hereby appoint: Practitioners associated with Customer Number: <div style="text-align: center;"> <small>WASHINGTON OFFICE</small> 23373 <small>CUSTOMER NUMBER</small> </div> as attorney(s) or agent(s) to prosecute the application identified above and to transact all business on behalf of the undersigned in the United States Patent and Trademark Office (USPTO) connected therewith. In granting the foregoing powers, the undersigned recognizes that the specific practitioners associated with the Customer Number may be changed from time to time at the sole discretion of Sughrue Mion, PLLC.		
Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number.		
I am the: <input type="checkbox"/> Applicant/Inventor <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. <i>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)</i>		
SIGNATURE of Applicant or Assignee of Record		
Signature		Date 11/26/11
Name	Robert D. Oexman	Telephone (919) 563-3531
Title and Company	Vice President of Strategic Development and Research, Kingsdown Inc.,	